

Respiratory Care Board of the State of California
444 N. Third Avenue, Ste.270, Sacramento, CA 95814
Phone (916) 323-9983, FAX (916) 323-9999

SUPPORT GROUP ATTENDANCE VERIFICATION FORM

NAME OF ATTENDEE: _____

Date: _____

Time:

Meeting Name:

Location (including address and telephone number):

Secretary/Person Verifying
Attendance Name (please print):

Secretary/Person Verifying Attendance Signature:

[Attendance may NOT be verified by yourself]

Date: _____

Time:

Meeting Name:

Location (including address and telephone number):

Secretary/Person Verifying
Attendance Name (please print):

Secretary/Person Verifying Attendance Signature:

[Attendance may NOT be verified by yourself]

Date: _____

Time:

Meeting Name:

Location (including address and telephone number):

Secretary/Person Verifying
Attendance Name (please print):

Secretary/Person Verifying Attendance Signature:

[Attendance may NOT be verified by yourself]

Date: _____

Time:

Meeting Name:

Location (including address and telephone number):

Secretary/Person Verifying
Attendance Name (please print):

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[Attendance may NOT be verified by yourself]

Date: _____

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Meeting Name:

Location (including address and telephone number):

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[Attendance may NOT be verified by yourself]

Date: _____

Time:

Meeting Name:

Location (including address and telephone number):

Secretary/Person Verifying
Attendance Name (please print):

Secretary/Person Verifying Attendance Signature:

[Attendance may NOT be verified by yourself]

MUST BE COMPLETED

I swear under the penalty of perjury under the laws of the State of California that
I have attended each of the meetings

listed on this sheet in their entirety.

Print Name

Signature

Date